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** CONTINUING DATA *****

HVT

None

** FOREIGN APPLICATIONS *****

HVT

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature <u><i>[Signature]</i></u> Initials _____					

ADDRESS

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TITLE

Water-shedding indoor wall mounted cabinet

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RECEIVED 750		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit